

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000095053

1. Corporation Name

Matrix Golf, Inc.

2. Principal Office Address - No P.O. Box #

4521 PGA Blvd

Suite, Apt. #, etc.

319

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

4521 PGA Blvd

Suite, Apt. #, etc.

319

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

7. Name and Address of Current Registered Agent

Name

James A. Mallamo

Street Address (P.O. Box Number is Not Acceptable)

4521 PGA Blvd

Suite, Apt. #, Etc.

319

City

Palm Beach Gardens

State

FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **December 26, 2008**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James A. Mallamo	4521 PGA Blvd # 319	Palm Bch Gardens, FL 33418

REINSTATEMENT

RH

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

James A. Mallamo

James A. Mallamo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☒

12.26.08

Date

(561) 324-6600

Daytime Phone #

FILED

09 JAN -7 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139875017
01/07/09--01028--006 **300.00

CR2E081 (12/08)